

PLEASE TYPE OR PRINT

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED
(See back of last page for instructions)

Check box if partial sale of property If multiple owners, list percentage of ownership next to name.

<p>1 SELLER GRANTOR</p> <p>Name <u>Marvin L. and Joan Karns</u></p> <p>Mailing Address <u>747 Riverview Blvd, Unit A</u></p> <p>City/State/Zip <u>Clarkston, WA 99403</u></p> <p>Phone No.(including area code) <u>(509) 758-2145</u></p>	<p>2 BUYER GRANTEE</p> <p>Name <u>Joan Karns</u></p> <p>Mailing Address <u>747 Riverview Blvd, Unit A</u></p> <p>City/State/Zip <u>Clarkston, WA 99403</u></p> <p>Phone No.(including area code) <u>(509) 758-2145</u></p>
<p>Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee</p> <p>Name _____</p> <p>Mailing Address _____</p> <p>City/State/Zip _____</p> <p>Phone No.(including area code) _____</p>	<p>List all real and personal property tax parcel account numbers - check box if personal property</p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>
	<p>List Assessed value(s)</p> <p style="text-align: center; font-size: 1.2em;"><u>187,400.400</u></p>

Street address of property: 747 Riverview Blvd, Unit A

This property is located in Clarkston Required (For Unincorporated locations please select your county)

Check box if any of the listed parcels are being segregated from another parcel, are part of a boundary line adjustment or parcels being merged.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

Unit No. A of Clearview Condominium, a condominium, intended for residential use only (Post Office address of the property: 747 Riverview Boulevard, No. A., Clarkston, Washington), together with attached parking stall according to Survey Map and Set of Plans, delineating said Unit, recorded under Asotin County Auditor's Instrument No. 160628; AND according to Condominium Declaration recorded under Asotin County Auditor's Instrument No. 160629; TOGETHER with a twenty-five (25%) undivided interest in the Common Areas and Facilities and the use of all the limited Common Areas and Facilities, if any, appertaining to the Unit; all as expressly provided for in the Declaration, upon properly recorded amendment(s) thereto.

3 Select Land Use Code(s):

14 - Residential condominiums

enter any additional codes: _____

(See back of last page for instructions)

Was the seller receiving a property tax exemption or deferral under chapters 84.36, 84.37, or 84.38 RCW (nonprofit organization, senior citizen, or disabled person, homeowner with limited income)?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Is this property designated as forest land per chapter 84.33 RCW?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Is this property classified as current use (open space, farm, and agricultural, or timber) land per chapter 84.34?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Is this property receiving special valuation as historical property per chapter 84.26 RCW?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

If any answers are yes, complete as instructed below.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)

NEW OWNERS(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale, (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information. This land does does not qualify for continuance.

DEPUTY ASSESSOR

DATE

7 List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) WAC 458-61A-202 (u)(i)

Reason for Exemption Transfer to surviving spouse pursuant to lack of probate affidavit.

Type of Document Lack of Probate Affidavit

Date of Document 10/12/2018

Gross Selling Price \$ _____

*Personal Property (deduct) \$ _____

Exemption Claimed (deduct) \$ _____

Taxable Selling Price \$ 0.00

Excise Tax : State \$ 0.00

0.0025 Local \$ 0.00

*Delinquent Interest \$ _____

Local \$ _____

*Delinquent Penalty \$ _____

Subtotal \$ 0.00

*State Technology Fee \$ 5.00

*Affidavit Processing Fee \$ 5.00

Total Due \$ 10.00

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)

NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature of Grantor or Grantor's Agent: <u>Joan Karns</u>	Signature of Grantee or Grantee's Agent: <u>Joan Karns</u>
Name (Print): <u>Joan Karns</u>	Name (Print): <u>Joan Karns</u>
Date & city of signing: <u>October 12, 2018 Clarkston, WA</u>	Date & city of signing: <u>October 12, 2018 Clarkston, WA</u>

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

REV 84 0001a (09/22/15) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

*McKarcher Law CL#
1102KPM*

PAID

OCT 12 2018

ASOTIN COUNTY
TREASURER

51655

LACK OF PROBATE AFFIDAVIT

JOAN KARNs, being first duly sworn, deposes and says:

I am the surviving spouse and sole heir-at-law of MARVIN L. KARNs, who died on January 13, 2018 in Lewiston, Nez Perce County, Idaho, at the age of 75 years. A certified copy of his death certificate is attached.

Marvin left no Last Will and Testament, and his estate was never the subject of a probate proceeding. Marvin had no predeceased or adopted children. As his surviving spouse, I am Marvin's sole heir-at-law, as to both Marvin's separate and community property, including the real property described below, commonly known as 747 Riverview Blvd, Unit A, Clarkston, Washington 99403:

Unit No. A of Clearview Condominium, a condominium, intended for residential use only (Post Office address of the property: 747 Riverview Boulevard, No. A., Clarkston, Washington), together with attached parking stall according to Survey Map and Set of Plans, delineating said Unit, recorded under Asotin County Auditor's Instrument No. 160628; AND according to Condominium Declaration recorded under Asotin County Auditor's Instrument No. 160629; TOGETHER with a twenty-five (25%) undivided interest in the Common Areas and Facilities and the use of all the limited Common Areas and Facilities, if any, appertaining to the Unit; all as expressly provided for in the Declaration, upon properly recorded amendment(s) thereto.

Tax Parcel Number(s): 1-223-00-001-0000-0000

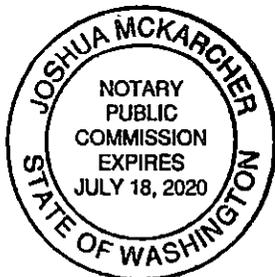
Dated: October 12, 2018

Joan Karns

JOAN KARNs

State of Washington)
) ss.
County of Asotin)

Signed and sworn to before me on October 12, 2018, by JOAN KARNs.



Joshua Mckarcher

NOTARY PUBLIC in and for the State of Washington
My commission expires: July 18, 2020

51655

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF DEATH. THIS DOCUMENT IS NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAYING STATE SEAL AND SIGNATURE OF REGISTRAR.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) MARVIN L. KARNS		2. SEX MALE	3. SOCIAL SECURITY NUMBER ██████████		
	4a. AGE - Last Birthday 75 (Years)	4b. UNDER 1 YEAR Months: ██ Days: ██	4c. UNDER 1 DAY Hours: ██ Minutes: ██	5. DATE OF BIRTH (Mo/Day/Yr) 12/22/1942		
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY WASHINGTON		7b. COUNTY ASOTIN	7c. CITY OR TOWN CLARKSTON		
	7d. STREET AND NUMBER 747 RIVERVIEW BLVD		7e. APT. NO. A	7f. ZIP CODE 99403	7g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	8. MARRITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) JOAN ENGLISH		
PARENTS	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) GLENN KARNS		11b. BIRTHPLACE (State, Territory, or Foreign Country) KANSAS	
			11a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) DOROTHY DORMAN		11b. BIRTHPLACE (State, Territory, or Foreign Country) INDIANA	
INFORMANT	12a. INFORMANT'S NAME (Type or print) JOAN KARNS		12b. RELATIONSHIP TO DECEDENT WIFE		12c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 747 RIVERVIEW BLVD APT. A CLARKSTON, WA 99403	
	DISPOSITION	13. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		14. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		15. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY MERCHANT FUNERAL HOME 1000 SEVENTH STREET CLARKSTON, WASHINGTON 99403
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: GERALD E. BARTLOW			17b. LICENSE NUMBER (Or license) M0771	16. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PLACE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
	20. FACILITY NAME (If not facility, give street and number) ST. JOSEPH REGIONAL MEDICAL CTR		21. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE LEWISTON, ID 83501		22. COUNTY OF DEATH NEZ PERCE	
DATE OF DEATH	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) January 13, 2018		24. TIME OF DEATH (24hr) 20:24	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) January 13, 2018		
				26. TIME PRONOUNCED DEAD (24hr) 20:24		
CAUSE OF DEATH	PART I. Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) SUDDEN CARDIAC EVENT				Approximate Time Interval Onset to Death: MINUTES	
	27. CAUSE OF DEATH: Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death). DUE TO (or as a consequence of)					
ITEMS 22-30 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MYASTHENIA GRAVIS				28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 43 days of death <input type="checkbox"/> Unknown if pregnant within the past year		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		31. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		
34. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number of Location _____ Apartment Number _____		34a. PLACE OF INJURY (Specify home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable.						
TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger		38b. WHAT SAFETY DEVICES (IF DECEDENT USE EMPLOY): <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown		
CERTIFIER	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.				39b. LICENSE NUMBER	
	39c. CORONER: <input checked="" type="checkbox"/> On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: JOSHUA T. HALL				39d. DATE SIGNED 1 / 17 / 2018 MM DD YYYY	
REGISTRAR	39e. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) JOSHUA T. HALL, PO BOX 896 LEWISTON, ID 83501				40b. DATE SIGNED 1 / 18 / 2018 MM DD YYYY	
	40a. REGISTRAR'S SIGNATURE This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.					

DATE ISSUED: **JAN 18 2018**

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

511055

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar





* 0 0 0 8 9 8 3 8 6 *

STATE OF IDAHO County of Lewiston

This copy of a death certificate was issued by the District Health Department on behalf of the Bureau of Vital Records and Health Statistics.

Local Vital Statistics Registration Official

51055